Exhibit 7

Michigan Department Of Energy, Labor & Economic Growth

Filing Endorsement

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

MICHIGAN VISITING PHYSICIANS P.C.

ID NUMBER: 02510F

to transact business under the assumed name of

CHOICE HOUSE CALL

received by facsimile transmission on June 8, 2009 is hereby endorsed

Filed on June 8, 2009 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2014

LABOR SOLVER STATE OF THE PARTY OF THE PARTY

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 8TH day

of June, 2009.

, Director

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BC\$/CD-541 (Rev. 4/09)				
MICHIC	SAN DEPARTMENT OF E	NERGY, LABOR & EC	ONOMIC GROWTH	7
	BUREAU OF CON	IMERCIAL SERVICES		_
Date Received	(FOR BUREAU USE ONLY)			
	This document is effective o a subsequent effective date received date is stated in the	within 90 days after		
Name Ram Gunab	alan		71	
	Beaver Road, Suite 2	00		
City Troy	State MI	Zip Code 48084	EXPIRATION DATE: DECEMBER 31,	
Document will be ret If left blank docu	urned to the name and add iment will be mailed to the	registered office.	ŷ	
For use	by Corporations, L	TIFICATE OF ASS imited Partnership information and instru-	s and Limited Liability	y Companies
(nonprofit corporatio	ns), Act 213, Public Acts	of 1982 (limited partne	it corporations), Act 162, Pul rships), or Act 23, Public Act mpany in item one executes	ts of 1993 (limited liability
1. The name of the	corporation, limited partriting Physicians, PC			
2. The identification	ation number assigned by the Bureau is:		02510F	
3. The assumed na	me under which business	îs to be transacted is;		N
Choice Hou	use Call			
4. This document is	hereby signed as require	d by the Act.		

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.

Signed this 26 day of M	lay 2009	
By K Framba	le	
Ram Gunabalan	Ignature)	
Rain Gunabalan	Registered Agent	
(Type or Print Name)	(Type or Print Title or Capacity)	
(Limited Partnerships Only - Indicate Name of Gon-	oral Pariner if the General Partner is a corporation or other entity)	